

Name In Full

Certificate of Death

Jessie Banister

Died at ^{Town} Wallsville ^{County} Calvert

MARYLAND

Date 1902 ^{Month} Mar. ^{Day} 27 Age 40 Y. M. D. ^{Native of} Calvert. ^{Occupation} Farmer
Male White Married Widowed Divorced
Female Colored Single Widower Number of children living 6

Husband of Annie Jackson

Father's Name Ben Banister Mother's Maiden Name Lettie Jackson

Cause of Death { Primary Pul. Tub. enclosis
Immediate Ex. haem. hmi
How long sick 4 months
~~Accident, Suicide, Homicide~~

Reported by J. B. - cor M.D. 2

Address Mutual

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

56

John E. Barnes
 Died at Island Creek Culpeper MARYLAND
 Town County

Date 1902 March 24 Age 1 7 24 Culpeper
 Month Day Y M. D. Native of Occupation
 Male White Married Widow Deceased
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ 123

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

6 monthsAccident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Not named

Died at ^{Town} *Adelphia* ^{County} *Calvert* MARYLAND

Date 19 *02* ^{Month} *Mar* ^{Day} *6* ^{Y.} *5* ^{M.} *day* ^{D.} *Calvert* ^{Native of} *Calvert* ^{Occupation}

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *1*

Husband of

Wife

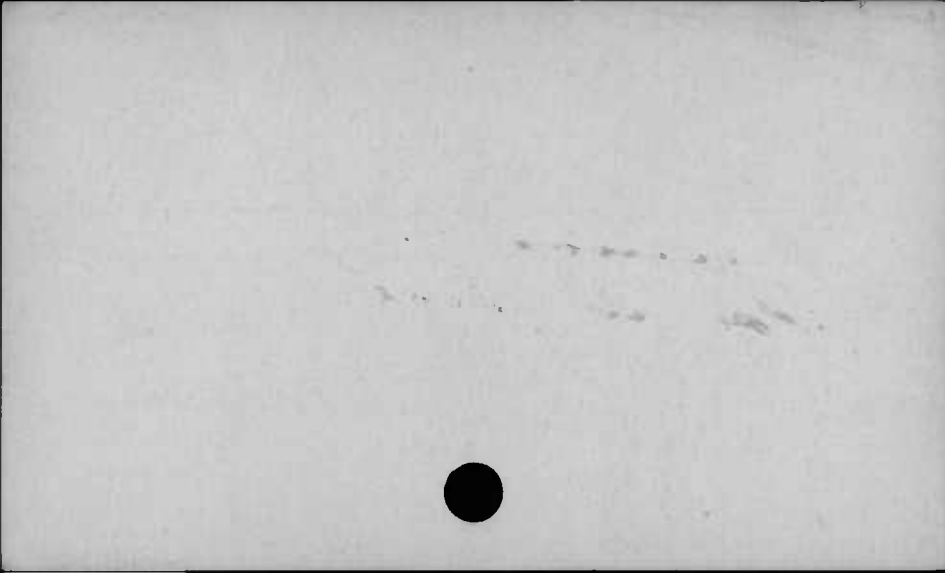
Father's Name *J E Bowen* *151* ^{Mother's} *Oleria Morgan*
 Maiden Name *Oleria Morgan*

Cause of Death { Primary *Birth* ^{How long sick} *from birth*
 Immediate *Birth* ^{Accident, Suicide, Homicide}

Reported by *W H Hutchins*

Address *Adelphia* *Calvert County Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Brown
 Town *Bowen* County *Calvert*

MARYLAND

Died at *Bowen* Month *Mar* Day *23* Y. *29* M. *29* D. *29* Native of *Maryland* Occupation *Labourer*

Date 19*02* *Mar 23* Age *29* *Maryland* *Labourer*

Male *White* Married *Widow* Divorced *Female* Colored Single *Widower* Number of children living *2*

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Consumption

Death

Immediate

How long sick

12 m

Accident, Suicide, Homicide

Reported by

W B Stafford

Address

*Bowen**md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martin Wm. Brown

Town

County

Died at

Hillman Calvert

MARYLAND

1902 Month Day Y. M. D. Native of Occupation

Date 189

Mar 13

Age

6

Native of

md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mrs. Anna Brown

Mother's

Name

Cettie Brown

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. L. Little

M.P.

Address

Hillman Calvert

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

State Born *Port Republic*Died at *Home*

County

Calvert

MARYLAND

Date 1902 *March 7*

Month Day

Age *—*

Y. M. D.

Native of

Calvert

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Geo. V. Gantt

Mother's

Maiden Name

Agnes Murray

Cause of

Primary

How long sick *Y*

Death

Immediate

Mal. position~~Accident, Suicide, Homicide~~

Reported by

P. Biscan M.D.
Mutual

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Myrtle Amelia Johnson

Town

County

Died at

Solomons

Calvert

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

on March 9.

Age

2-9-11

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Anderson Johnson

Mother's

Maiden Name

Safelle Virginia Cudiff

Cause of

Primary

Whooping Cough

How long sick

3 1/2 weeks

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

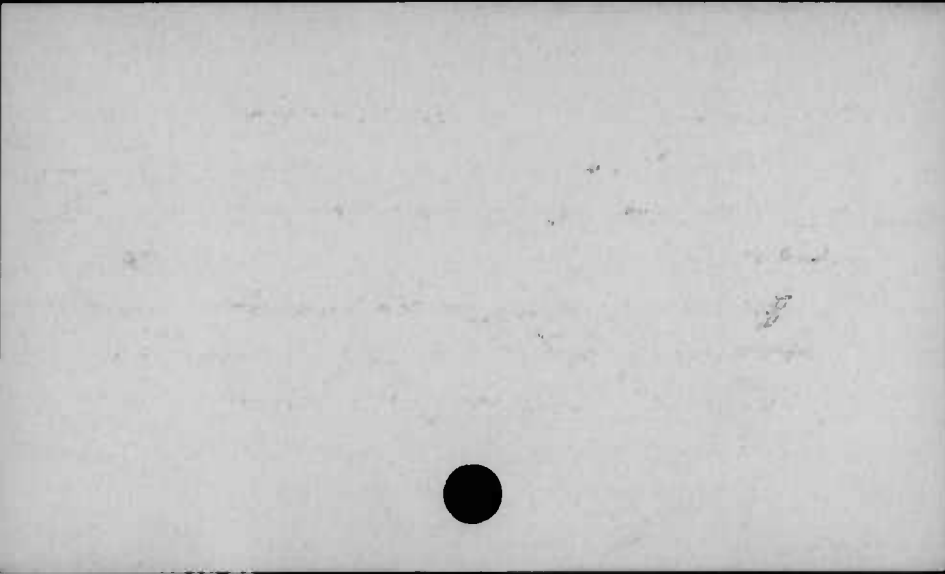
Dr W H Marsh

Address

Solomons

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Parrae

Town

County

Died at

Dares whf. Calvert

MARYLAND

Date 1902.

Month

Day

Y.

M.

D.

Native of

Occupation

March

Age

15-4-11

Md.

—

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Joseph Parrae

Maggie Groves

Consumption

How long sick

3 months

Death

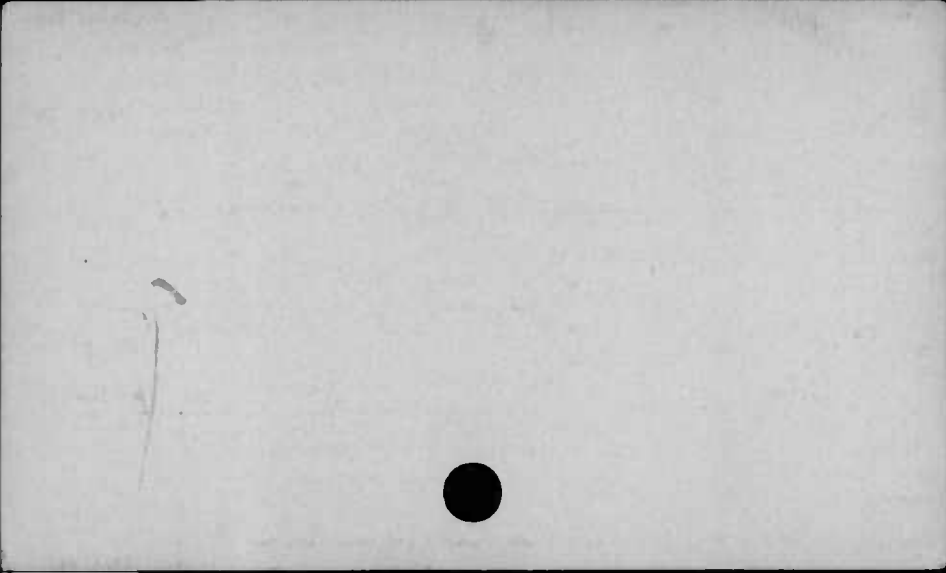
Accident, Suicide, Homicide

Reported by

Address

Maggie Parrae Parrae
Dares whf.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



MARYLAND

Month Day

Y. M. D.

Native of

Occupation

area 23

Age 44

Maryland Court Report

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of *Asbury Smith*
 Wife
 Father's

Mother's

Father's

Name _____

Mother's
Maiden Name *margaret gross* How long sick

How long sick

Cause of } Primary Heart Failure

Death	Immediate
-------	-----------

~~Accident, Suicide, Homicide~~

Reported by W. B. Caldwell

Address *1 Bowler St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward S. Ward -

Town

County

Died at

Cherryville

Calvert

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 2

Age

62

Calvert

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Martha E. Ward

Richard Ward

Mother's

Maiden Name

Elizabeth Frye

Cause of

Primary

Vaccination

How long sick

About 17 days

Death

Immediate

Pyæmia

DO

~~Accident, Suicide, Homicide~~

Reported by

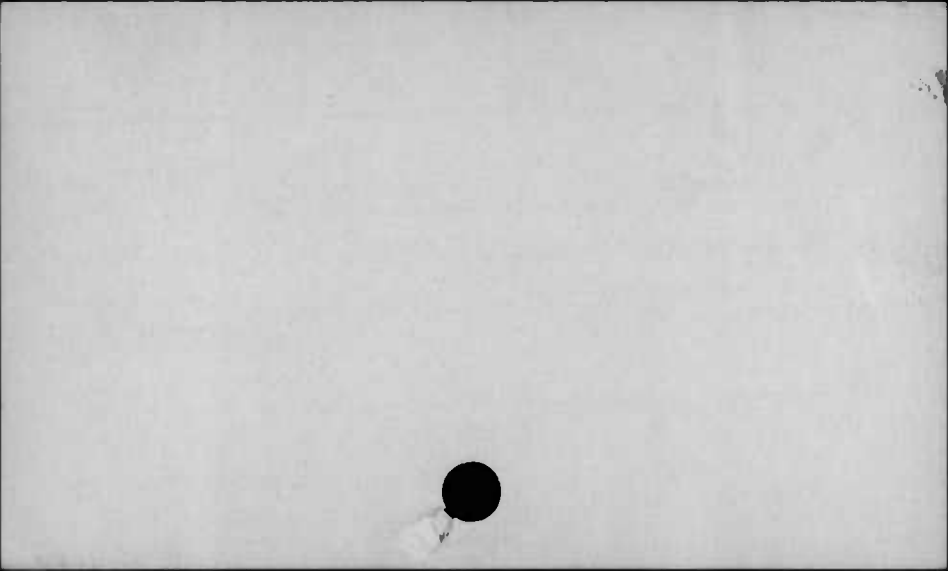
E. H. Heinman, M.D.

Address

Lo. Abasco, Calvert Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79882



Name in Full

Certificate of Death

George J. Washington

Died at
Battle Creek

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

23

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Shock

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

